		•		
PLACE OF BIRTH	ARIZONA ST	ATE BOAR	D OF HEA	ттн
County of San	BUREAU OF VITAI		State Index	
District of	ORIGINAL CERTIFIC	CATE OF BIRTH	Co. Register	N23[
romo breatfields			Local Registrar's	No
or V	(No	St	•	Ward)
FULL NAME OF CHILD Ester	Coming Se	•	(Born) YES
If child is not named, make Supplement	al Report on blank obtains	ble from local regist	ear. Alive	1
Sex of Twin, Triplet or other		Legiti- mate? Date of Birth	(Month) (Day)	191 % (Yr.)
Name Charles 4.	Full Maide Name		R The	meo
Residence When Sieles	Resid	ence When	thelel	
Color or Race Age at las			Age at last Birthday	// (Years)
Birthplace	Birth	place		_
Occupation J	Occur	pation 74.	w l	3
Number of child of this mether	en, of this mother, now living.	Were precautions taken ago	ainst Ophthalmia neonatorum?	zes
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
I hereby certify that I attended the birth		occurred on 8/4	191 4, at	PG M
When there is no attending physi- cian or midwife, then the householder should make this return.	(Signat		sician, midwife, nou	seholder.)
Given or christian name added from	a /	Address Shot	e aris	~~1
supplemental report191	Filed 8 1914	Be	LOCAL REGIS	TD A D
525-90H-532 COUNTY REGISTRAR.	Filed With 10 194	A True Corps	LUCAL REGIS	

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.